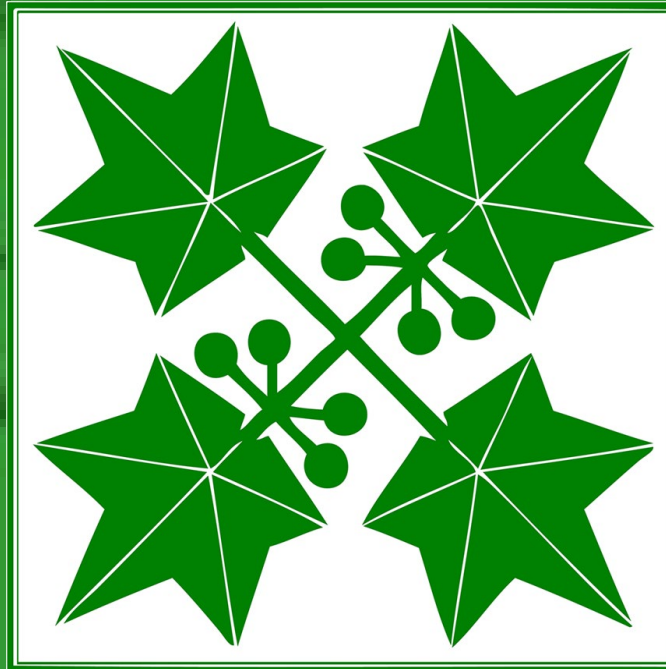


Reasons For Pre-Exposure Prophylaxis Discontinuation Among Men Who Have Sex With Men and Transgender Women At Risk for HIV Infection

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INTRODUCTION

HIV is a viral infection transmitted via body fluids. Approximately 36.9 million people in the world live with HIV. In 2017 there were 1.8 million new cases of HIV infections which is roughly about 5,000 new infections per day.

A solution to reduce the rate of new infections and control the transmission from those already infected is needed. The 2020 target to have < 500,000 new HIV infections worldwide will likely not be met due to the new numbers of HIV infections averaging 1.8 million in 2017 alone. Therefore, additional global prevention measures should be implemented including different ways of preventing and treating HIV.

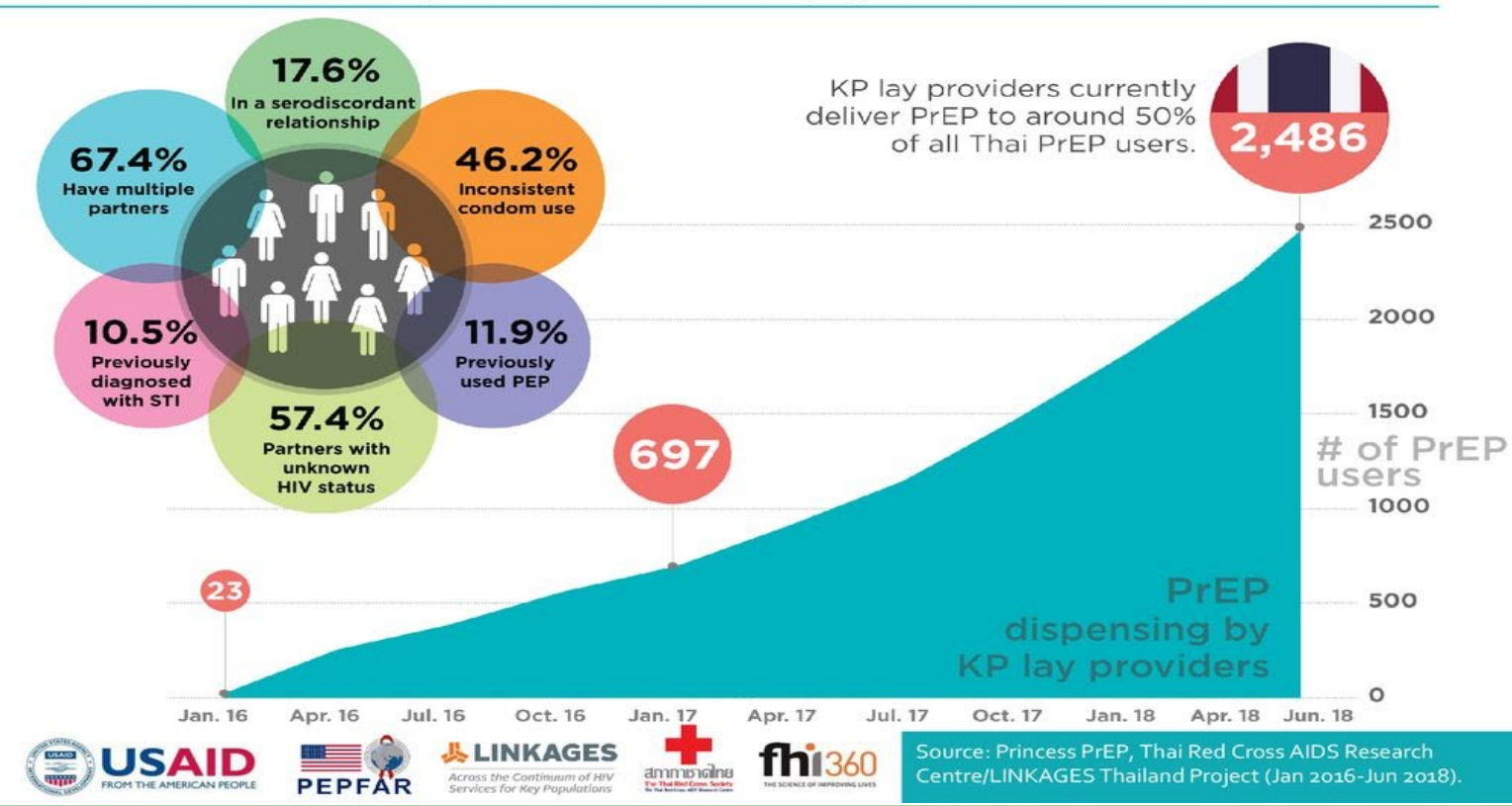
There are several ways to prevent sexually transmitted infection (STI) including HIV. One prevention option is Pre-Exposure Prophylaxis (PrEP). This is the first biomedical intervention with proven efficacy to reduce HIV acquisition. When taken orally daily and with good adherence, this combination of emtricitabine/tenofovir (FTC/TDF) has an estimated > 90% efficacy among those with detectable blood drug levels, reducing the risk of HIV infections exponentially.



HIV IN THAILAND

Thailand has the highest prevalence of HIV infections in Asia and the Pacific. In Thailand 440,000 people live with HIV, and 6,400 new infections occur as of 2017, accounting for 9% of the regions total population of people living with HIV. In at risk populations, prevalence of HIV is still high. Populations where HIV is at greater risk are men who have sex with men (MSM), sex workers, transgender women (TGW), and people who inject drugs (PWID). More than half of new HIV infections occur in MSM and TGW in Thailand. In order to provide assistance to these at-risk populations the Princess PrEP program initiated free PrEP services to reach those at-risk. Recently discontinuation of PrEP has been an issue among at-risk populations.

Thailand Princess PrEP Program: KP-led PrEP delivered by trained KP lay providers



OBJECTIVE

This study was conducted in six different clinics in Thailand to understand the reason for discontinuation of PrEP in at-risk communities. Findings will help to provide better service and appropriate care to those who are at high risk for HIV infection.

MATERIALS & METHODS

After six months not returning to the community based organizations (CBO) where the clients had previously been receiving PrEP and receiving HIV and STI checks, the clients were sent a survey either by mail, email, or LINE messaging. The surveys assessed the reasons for discontinuing PrEP. Descriptive statistics examined participant demographics, willingness to start PrEP, and follow-up adherence rate of PrEP. Using the statistical program STATA we analyzed demographics, number of respondents who stopped PrEP, respondents who are still on PrEP, willingness to restart PrEP, and reasons why they may have stopped.

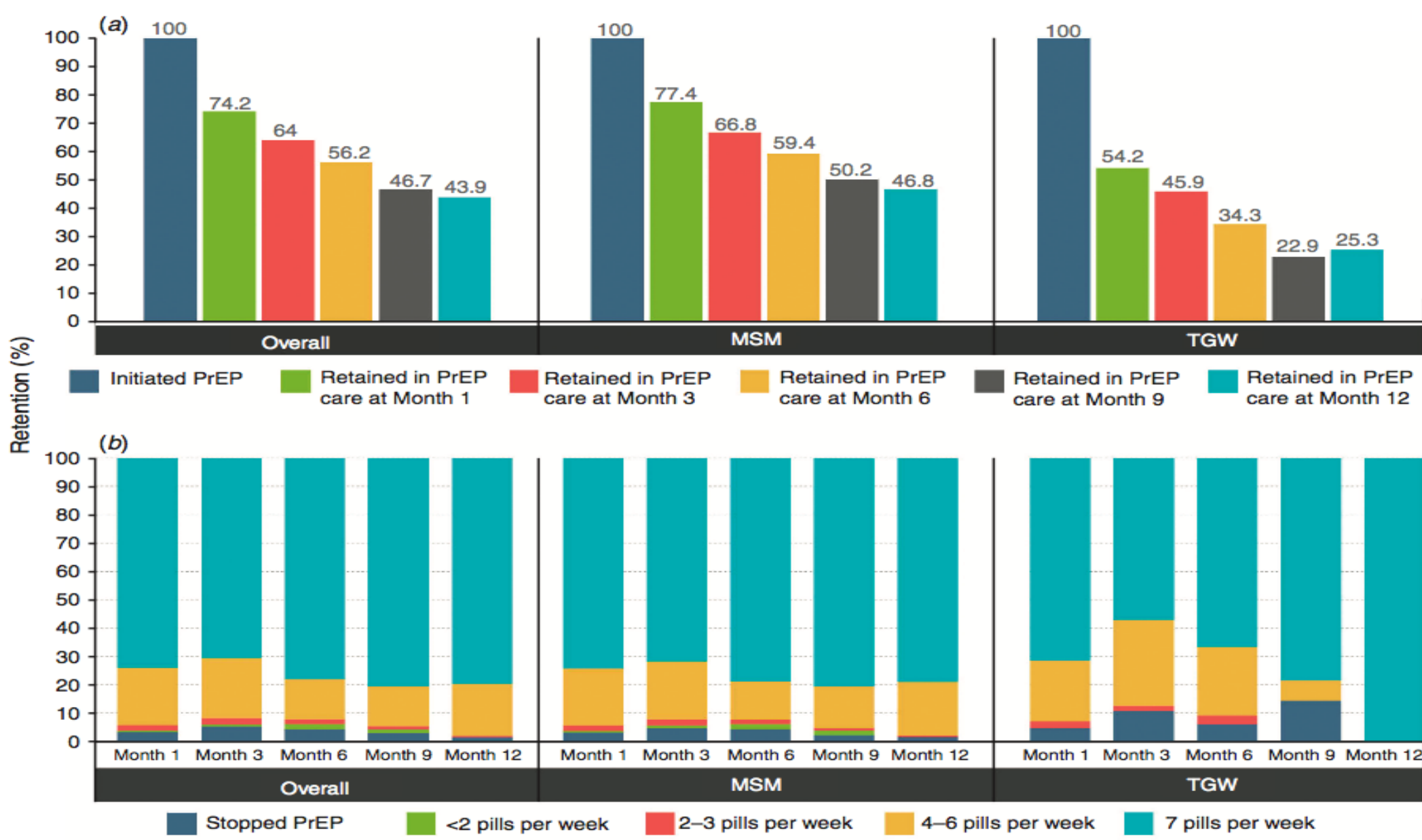


Figure 1. Adherence and retention of PrEP users among the Princess PrEP Program from 2016 - 2017.

HIV risk misperception leads to the discontinuation of pre-exposure prophylaxis (PrEP) among men having sex with men and transgender women in Thailand

Among 118 TGW and MSM, 86 participants have discontinued PrEP. Reasons for discontinuation - Perceptions about:

- side effects from the drugs
- changing location to where getting PrEP is not an option
- being afraid of drug interactions
- being no longer at risk

“I’m no longer at risk,” was the most common answer chosen for discontinuation (40%).

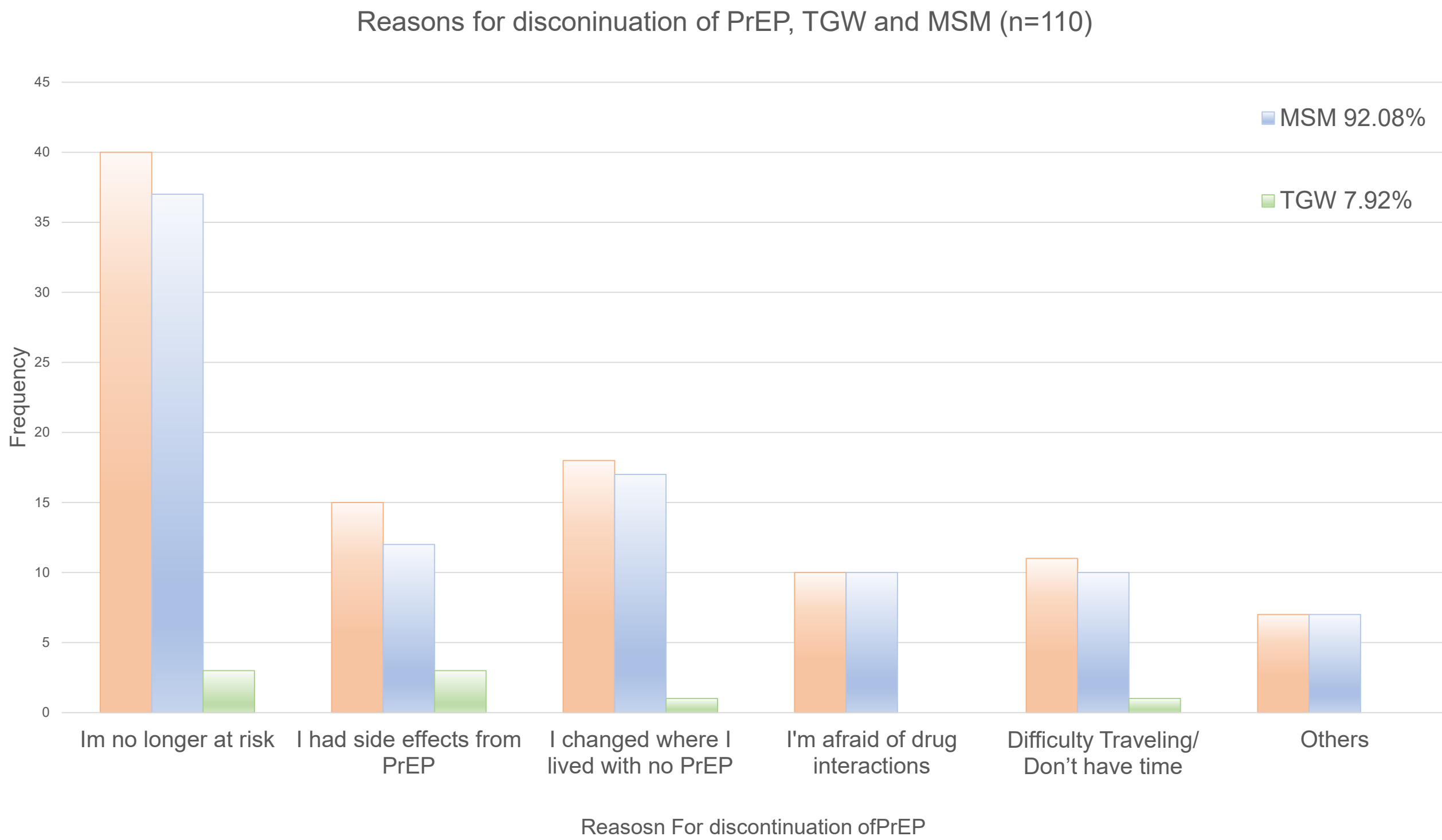


Figure 4. Reasons for discontinuation of PrEP among MSM and TGW (n=110).

RESULTS

1 Out of the 120 responses:

- 2% (N=2) were bisexual, 4% (N=5) TGW, and 94% (N=113) MSM
- 92 discontinued PrEP
- 28 remained on the medication

3 Risk assessment questions indicated that over half (58%) reported that they “always used condoms,” and a little less than a quarter (24%) reported “mostly used condoms.”

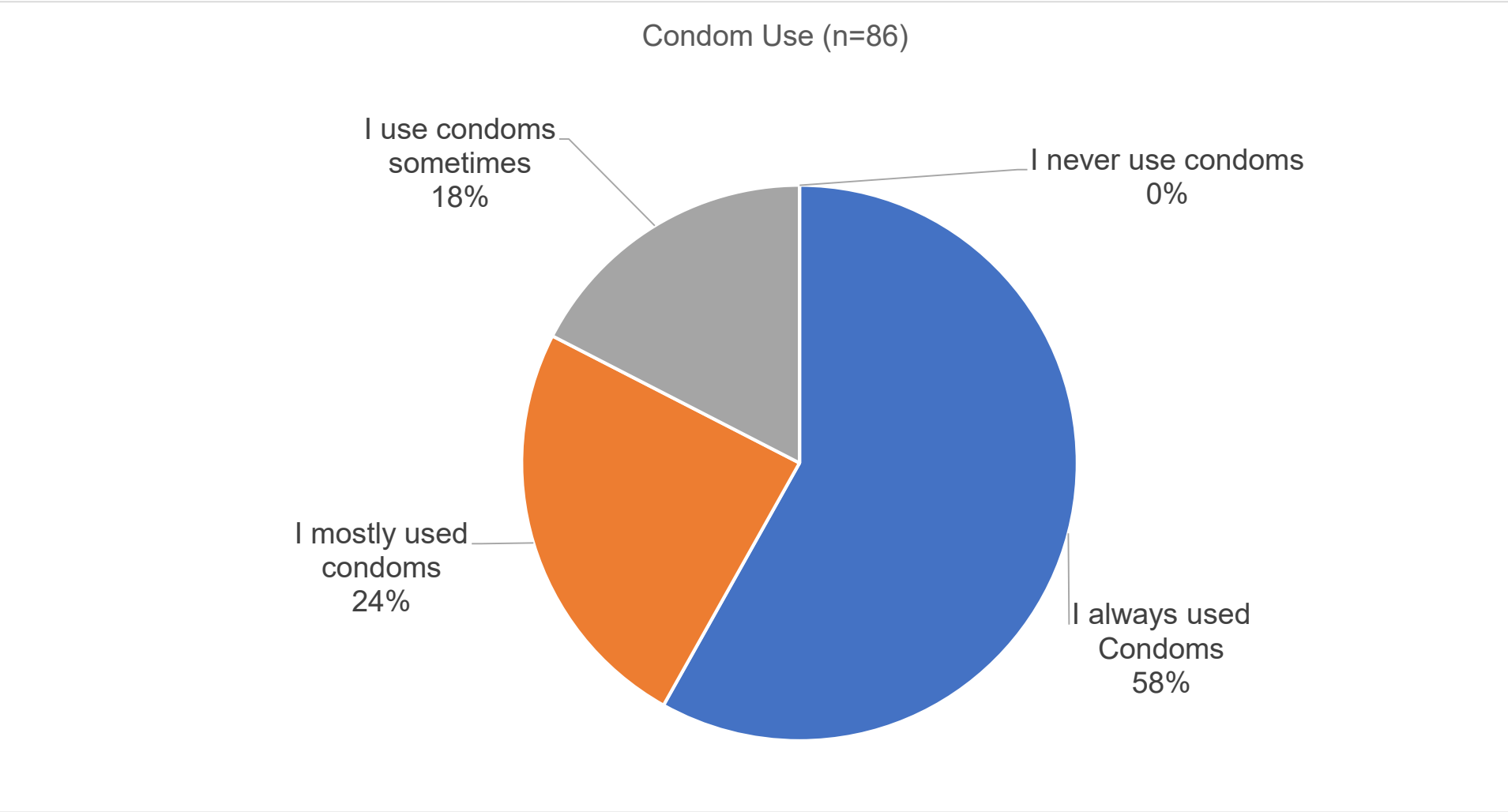


Figure 5. Condom usage among those who responded they were not at risk for HIV

4 Since stopping PrEP have you been tested for HIV?

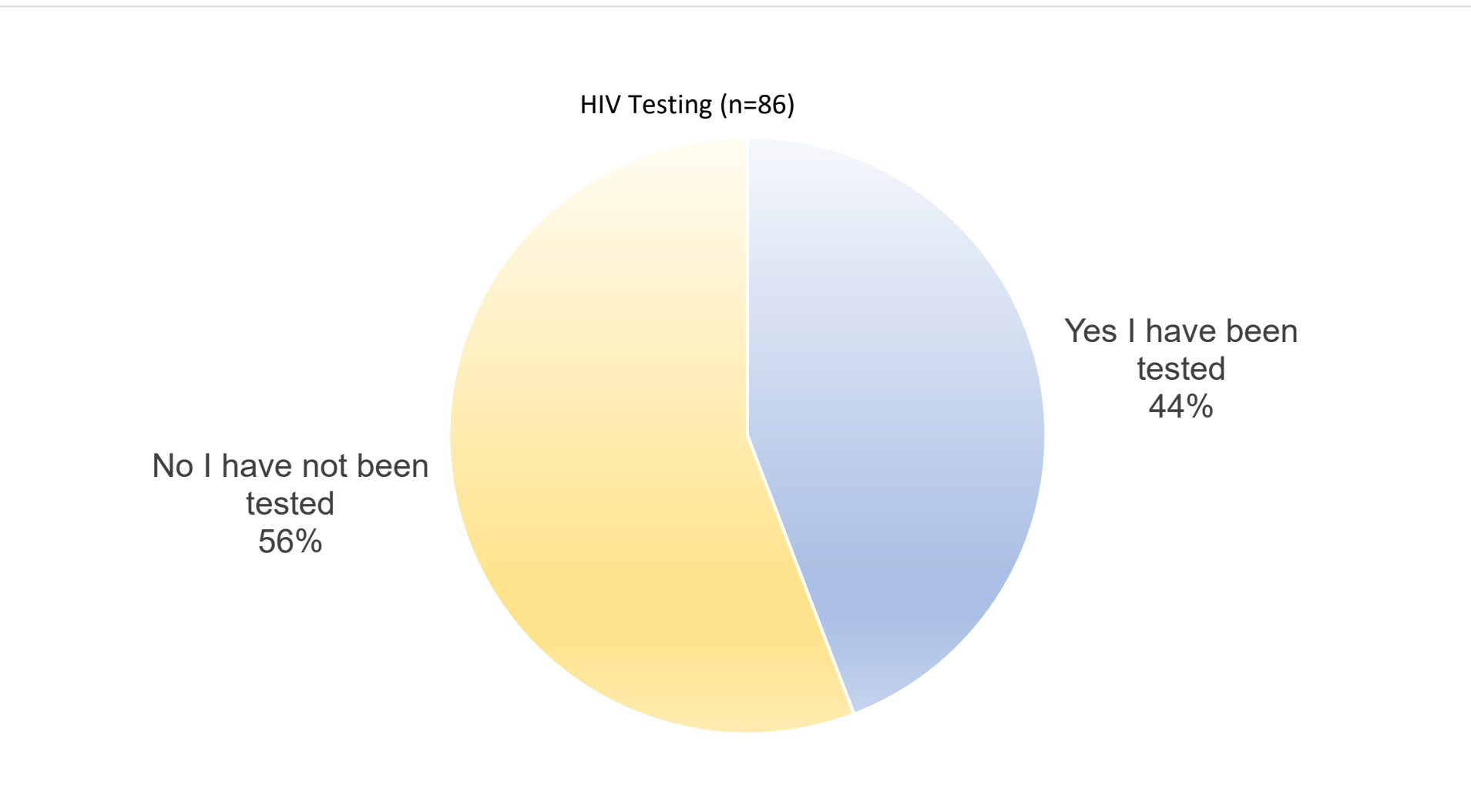


Figure 6. Respondents who have returned to CBO's to test for HIV infection since being off PrEP .

CONCLUSIONS

Reasons for the discontinuation of PrEP: difficulty traveling: “Don’t have the time,” “I changed where I lived where there is no PrEP,” “I am no longer at risk.”.

>40% of participants perceive they are no longer at risk, and also report to not use condoms every time or do not get tested for HIV.

Counseling strategies to correct risk misperception through services like the Princess PrEP program should continue for at risk individuals free of charge.

This study provides future directions on how to get better retention of clients, to achieve the WHO goal of 90-90-90 by 2030, with Thailand being the first country to reached the first 90.

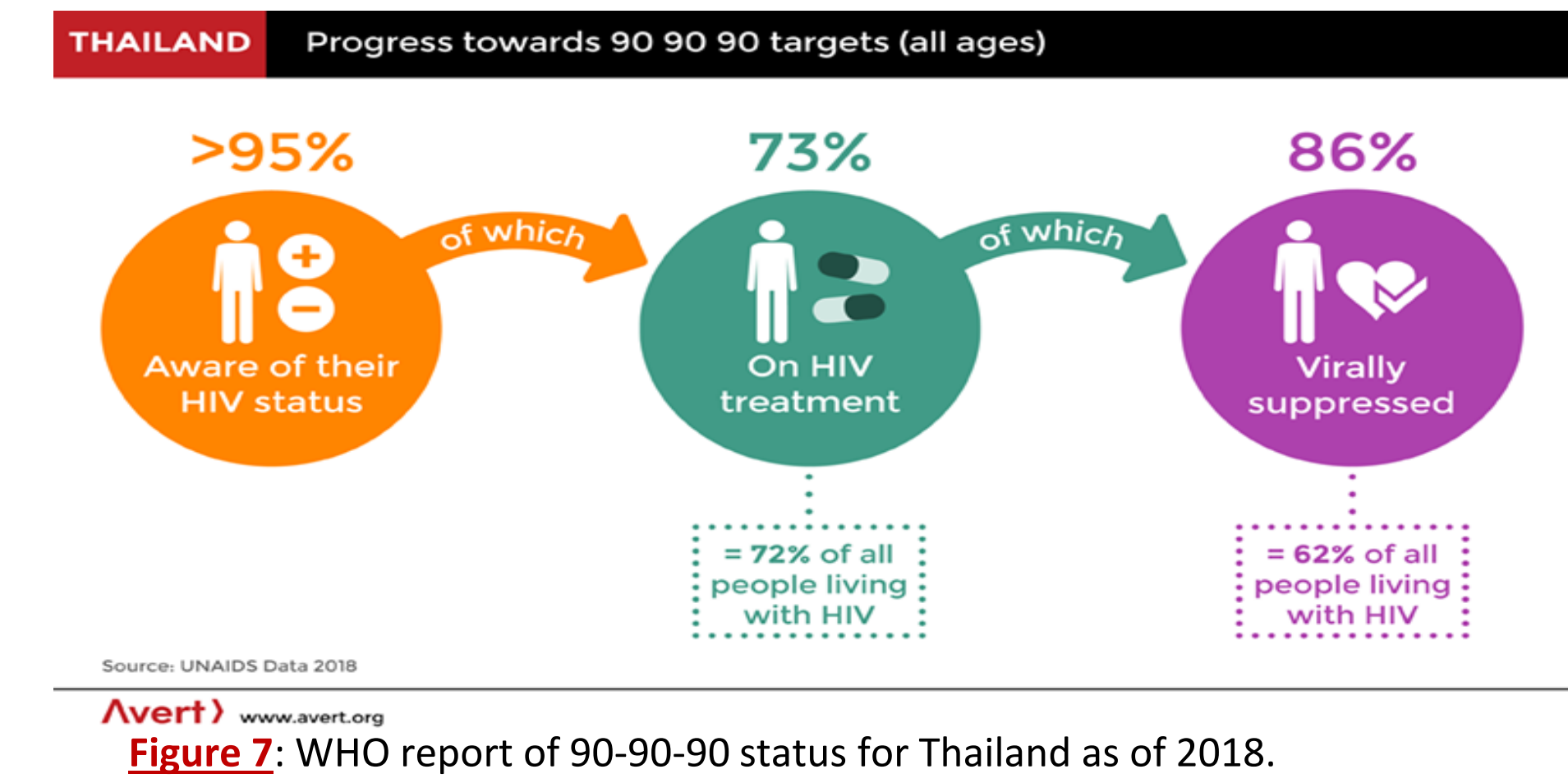


Figure 7. WHO report of 90-90-90 status for Thailand as of 2018.

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KP-Led Test & Treat and PrEP services in Thailand

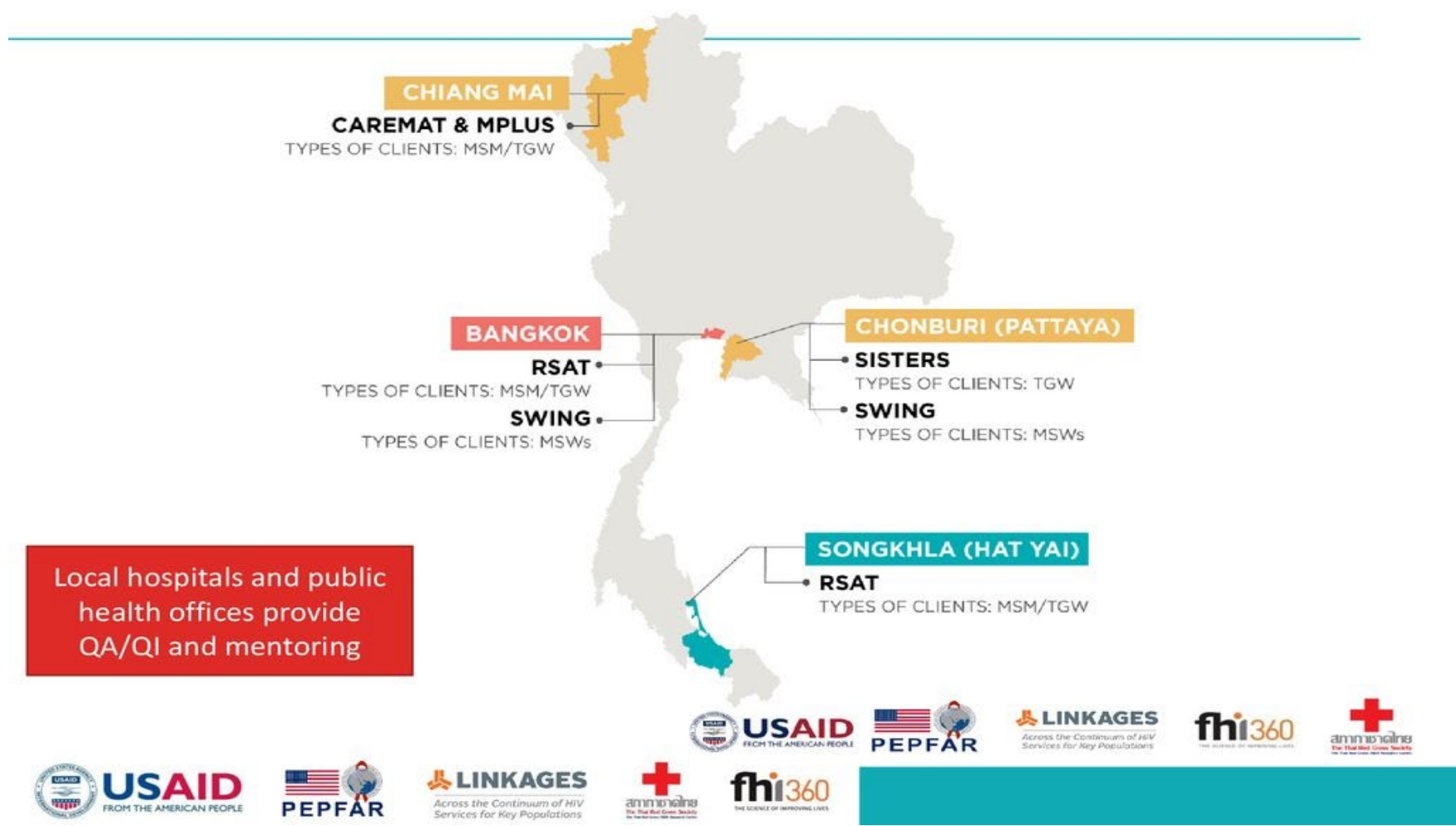


Figure 2. Geographical distribution of different CBO's where data was collected.